

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-027284

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 10023

Registrar's No. 3765

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OK KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in lb 4 YRS.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7205 WYANDOTTE STREET		d. STREET ADDRESS 7205 WYANDOTTE STREET (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last BERTEENA ARTHUR PADEN			4. DATE OF DEATH Month Day Year JULY 17, 1962		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/11/06	9. AGE (last birthday) 56 YEARS	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ASS. TRAFFIC MGR.			11. BIRTHPLACE (City and state or country) PONCA CITY, OKLA.		
12. CITIZEN OF WHAT COUNTRY U. S. A.			13. NAME OF FATHER'S NAME ELMER PADEN		
14. NAME OF MOTHER'S MAIDEN NAME EMMA WYMORE			15. NAME OF HUSBAND OR WIFE VESTA ANN PADEN		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	17. INFORMANT Address Louis Paden, Ponca City, Okla.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		

21. I attended the deceased from March 16, 62 to July 17, 62 and last saw him alive on July 14, 62	
Death occurred at 3A m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE Harold W. Voth (Degree or title)	22b. ADDRESS 201 Plaza Med. Bldg. K. C. Mo.	22c. DATE SIGNED July 18, 62
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE JULY 19, '62	23c. NAME OF CEMETERY OR CREMATOR I. O. O. F. CEMETERY
23d. LOCATION (City, town, or county) PONCA CITY OKLAHOMA	24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 7-19-62
26. REGISTRAR'S SIGNATURE Ruth A. Long		

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

Harold W. Voth

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

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2 3 918
3
4 0
5 1
6
7 1
8 2
9 4200
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11
12 90-0
13

DR. HAROLD W. VOTH
PLAZA MED. BLDG.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Indep, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.